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SOCIAL AND HISTORICAL

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The bowel nosodes

In this paper by C Oliver Kennedy there is a brief historical review of the establishment of the bowel nosodes in the 1920s, in particular the role of J Paterson, who was able to show for the first time the effects of a homeopathic potency in the laboratory with confirmation of its effectiveness. A definite relationship was demonstrated between homeopathic remedies, non-lactose fermenting organisms and clinical syndrome. The author gives a list of the six nosode groups, with the clinical characteristics and systems involved as detailed by Paterson. This is followed by six rules for clinical use of bowel nosodes without bacteriological confirmation.

The author then dealt with the situation at the time – 50 years on. On one hand, problems of technique had arisen; but on the other, a definite trend in modern medicine was confirming Paterson's view. *Mims* now recommended 'the use of specific drugs with an action on disease processes rather than the relief of the inflammation'; the value of vaccine therapy was being increasingly appreciated; and the importance of heredity increasingly recognized. Kennedy stated 'It is now accepted that polyarthritis forms a miscellaneous group of complex diseases, but they readily fit Dr Paterson's (and Hahnemann's) nosode groups of Syc. Co. and 'Syphilis' (Figure 1)'. Indeed, Figure 1 entitled 'A scheme to show the multisystem involvement in 'arthritis' and a suggested association with Paterson Nosode Groups' does show how very complex it all is.

In conclusion, the author saw the bowel nosodes as providing a firm bacteriological basis for the advancement of philosophical conception of chronic disease; but insisted that, to achieve this success, collaboration between homeopathic physicians and biopathologists would be essential to confirm and extend Paterson's work.[1]

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Homeopathy—isopathy

In this short paper, Jutta Rost attempted to establish a clear distinction between nosodes and potentized toxins, between homeopathy and isopathy; observing that these potentized agents have been to some extent discredited due to misuse. Table 1, entitled 'Differentiation of homeopathy and isopathy', lists the nosodes and toxins used in homeopathy, and the nosodes and toxins used in isopathy (the crossover between them illustrates the need for the clear distinction). The author elucidated as follows 'Both groups, nosodes and toxins, can be prescribed on Homeopathic as well as isopathic principles: Homeopathically if the drug picture has been established, using the law of similars; isopathically according to the principle of sameness, the principle of the causative agent'. So; a nosode such as *Tuberculinum* is used to treat not only tuberculosis but a syndrome presenting a picture similar to the disease; *Pertussinum* may be used also for pseudocroup, etc. It becomes isopathic only if the drug is used to treat a condition caused by the same pathogen.

One might be tempted to consider the difference between homeopathy and isopathy to be rather academic; but Rost then made the need for the distinction very clear, stressing the difference in the mechanisms of action, and in the therapeutic consequences 'Homeopathy acts on the basis of similarity, and the action is gentler, more broadly based and regularative. The illness is cured 'almost of its own accord'. Isopathy on the other hand acts through the causative factor itself; potentization reverses the direction of action, with the result that the organic bond between toxin and body protein is broken. The toxin is then washed out, to an extent that can never be

foreseen. This unforeseeable toxic effect is best taken into account by considering the points listed in Table 2'. There are 10 points in Table 2, including the following: never give during the acute stage; fuller effect is achieved if given parenterally; always give singly and only at intervals; never use if eliminatory functions are insufficient, etc.[2]

Clinical trials in bovine mastitis

This is a report of three pilot studies in herds of Friesian dairy cows by Christopher Day. Because of the problem of large herds, both in loss of individuality and difficulty with dosage regimes, it was decided to evaluate the use of nosodes for prevention. This was attempted in Studies 2 and 3. Study 1, using *Caulophyllum* 30, highlighted a probable link between the stress of dystokia and mastitis. Eighteen heifers had experienced disastrous dystokia problems (seven calf deaths, three maternal deaths), followed by nine cases of mastitis. *Caulophyllum* 30 was added to the drinking water of the remaining seven, and the results were a few mild post-partum problems but no mastitis.

Study 2 was a double-blind trial over one winter on two groups of 41 cows using the *Combined mastitis nosode* (nosodes for *Streptococcus uberis*, dysgalactiae, agalactia and *Escherichia coli* and Staph. aureus). Twenty-five per cent of the control group was affected, as opposed to 2.5 of the treated. The author considered that the favourable trend in all parameters made the study very worthy of repetition. Study 3 dealt with a problem herd with a history of a very high level of mastitis for the entire recorded life of the herd. In order to limit the spread of mastitis, it was decided to separate the high-risk cows, while the *Combined mastitis nosode* 30 was put in their drinking water over the winter. In both groups the incidence declined, but whereas before treatment the bad group had three times as many cases, after treatment this reduced to 0.75. The author was cautious about any claims for statistical validity, but presented the cases as pilot studies showing great promise.[3]

Mineral in animal and man

It was as a result of a very impressive improvement in a colleague's arthritis that H G Wolff decided to use *Mineral* 6x in his veterinary practice. *Mineral* was not available in the FRG, and registration could not be applied for until it had been proved. The author obtained it from Australia for exclusive use in his practice. The practice treated 83 dogs of all kinds who had bone diseases—rickets, arthritis, hip dysplasia, lameness following fractures or indefinable growth disorders, osteofibrosis and spondylosis. Thirty-one per cent had complete clinical recovery; 51% showed marked improvement; while there was no response in bone tumours. Two case histories are cited from the complete recovery group; both conditions so severe that it had been advised that the animals be put down. The author made a plea for the use of *Mineral* in human medicine, and for a drug proving to be done to establish accurate information.[4]

Verrucae (warts)

The first four pages of this eight page paper by Diwan Harish Chand are devoted to extensive case histories. There follows a page describing all the varieties, and then a section on treatment; not only for the different types, but also for different locations. The remedies the author had found most useful were *Causticum*, *Thuja*, *Nit.ac.*, and *Sepia*. He cites a large number of lesser known remedies, and concludes with a repertory study based on Kent, with page numbers for the various locations and rubrics.[5]

Masked food allergy

The title of this patient presentation by RAF Jack at a Selly Oak Hospital tutorial is 'Anorexia, allergy or arsenic?', which he referred to as a strange title for an account of an even stranger and enigmatic medical problem. He described the patient (in nine pages), a 34 year old woman, who presented with one of the most unusual medical histories he had encountered. In her teens, she was treated in hospital for anorexia nervosa and made a full recovery. In early married life, she had 'psycho-sexual problems'. During pregnancy, she needed intravenous infusions to prevent her uterus from contracting. Side effects of fertility drugs resulted in repeated attacks of pain and flooding, ending with a hysterectomy. She took laxatives nearly all her life for constipation, which occurs 'unless I take Epsom Salts five times a day that the hospital prescribed'. She had frequent attacks of dyspepsia and abdominal colic, which latterly required pethidine tablets and occasionally injections from her GP. She developed frequency (80 times/day and 80/night, with charts to confirm the statement!) and severe dysuria, finally requiring cystectomy. The bladder showed gross fibromuscular thickening with acute and chronic inflammatory infiltration. There was persistent weight loss.

When this woman finally sought homeopathic treatment, she weighed five stone (32 kg) and presented with the drug picture of *arsenicum*, which was duly prescribed. There was marked improvement over the next four months, and she gained 11 lb (5 kg). Some doctors in the Midland Branch had a keen interest in and knowledge of food allergies. During the demonstration of the patient, a family history of food allergy, especially milk, was quickly elicited. No one had ever asked her about food allergies, although she commented 'My colic was much worse when they put milk in the

nasogastric drip, to help me gain weight'. A presumptive diagnosis of milk allergy was made, because of her craving for milk, cream and cheese, all of which upset her; and she was prescribed *Lac vac.30 b.d.weekly*.

Throughout the course of this woman's treatment over the years, there had been questioning about the extent, if any, of psychological overlay, with one neurologist suggesting an element of hysteria. In the same year, a psychiatrist reported 'I am afraid I am unable to demonstrate any evidence of psychological basis for her recent disability'. The case is a good example of the psychosomatic interaction which responds so well to homeopathic treatment, as seen in her response to *arsenicum*, which transformed her in every way; and to *colocynth*, which was taken as required.

In a general discussion of masked allergy, the author commented that a patient craves for and depends on the very foods he or she has become allergic to. It is somewhat analogous to smoking; it may be many years before the food causes its devastating effects. He quoted Mackarness, a recognized authority on the subject: 'Masking is characteristic of stage two of the specific adaptation syndrome, when the subject is adapting well ... But ... the stages of adaptation are a continuum, ending in stage three, towards which the victim is moving inexorably. As stage three is entered, there is exhaustion of the hormonal and enzyme resources needed to remain normal in the face of stress exerted by a particular allergenic food. Now every meal brings not a temporary pick-up, but a devastating onset of symptoms'.

This patient would appear to have reached this stage in her illness.[6]

Bhopal—was it methyl isocyanate?

The author, Prakash Vakil, went to Bhopal after the disaster in order to collect symtomatology from patients and to attend and alleviate suffering with homeopathic medicines. Three pages detail the clinical observations of various physicians. Residue from the tank was collected and a drug prepared and proved in the 6x potency! (How did they get any provers?). As the mentals and generals did not match, it was evident that the gas affecting the victims was different from the residue. Other components could be implicated; the symptoms of the victims here were most similar to those of gas poisoning by chlorine during World War I. The author speculated that we might now have a complete drug picture of *Chlorinum*.[7]

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BOOK REVIEWS

The Nucleus— Lectures on Chronic Diseases and Miasms

ES Rajendran
Mohna Publications: Calicut, Kerala, India, 2004
Price: Rs200 US$20. ISBN: 8190204807

With experience, homeopathic practitioners become adept at interpreting clinical signs and symptoms by means of an ever-widening array of illness-models. Sooner or later, every clinician will conclude that some of their patients have become unwell within an inherited or acquired context. This is an inevitable consequence of our detailed history-taking methods, which assiduously scan for aetiological events, tendencies, traits and psycho-social contexts.

In his book, *The Nucleus*, Dr ES Rajendran has applied himself to the subject of Hahnemann's theories of chronic disease and the question of their relevance to modern day practice. The preface states that the book has been derived from his lectures on the subject. This might partly account for a conspicuous 'notebook' feel to the book and a tendency for repetition in the earlier chapters. More serious, however, are the inconsistencies in the book's content: Dr Rajendran writes in the preface that he seeks to avoid 'obscurantism' in his handling of the subject, but then expressly avoids discussion of all the current science relating to transgenerational phenomena and disease predisposition. The biological and epidemiological studies of recent years are surely the least speculative evidence, for what have hitherto been purely empirical observations.

Within our literary heritage, there are many ideas which can be applied to the teasing question of the relationship between new aetiologies and a person's pre-determined vulnerability ('morbid soil', miasms, pre-sensitivity, genetic and non-genetic traits). There is no shortage of speculative writing on the influence these have on the evolution of chronic illness. Any new writer on this subject has the rather onerous task of evaluating the existing literature and identifying what can be verified and clarified, to the benefit of future clinical practice.

Dr Rajendran chooses to spend the first part of his book discussing a rather narrow selection of writings on Hahnemann's theories. One of the most careful writers on the subject, Dr Stuart Close, inexplicably attracts the most vitriolic criticism from Dr Rajendran. Having tracked down the relevant parts of Close's writings (unreferenced by Dr Rajendran), I was immediately struck with the contrast between Close's writing style and that of Dr Rajendran. Whereas the former provides us with a dialectic, based on the ideas of his time (for which references are given). Dr Rajendran gives us little more than a diatribe. In attempting to judge the quality of a text, today's reader routinely expects accurate references and evidence of a scholarly approach to the available literature. These attributes are most conspicuous in the accurate use of quotation and the presence of a glossary and/or bibliography. Unfortunately the reader will find none of these qualities in this book.

Some of the most interesting and, arguably, most articulate sources on miasm theory, include the writings and teachings of Thomas Dishington, John Paterson and Rajan Sankaran, none of whom are mentioned in *The Nucleus*. When a text is so expressly orientated to the student audience, it is disingenuous to omit important contributions by other authors, especially if their views don't agree with the ideas on offer.

In the quest for clarity on a subject, it is essential to have some consistency in the way that keywords are both defined and applied. Dr Rajendran has singularly failed to provide clarity on his own central keyword: *miasm*. As far as I can work out from his context, miasm is used at different times in the book to denote: (a) Hahnemann's theory of chronic illness; (b) a method of case analysis; (c) a clinical methodology; (d) an acquired block to cure; (e) an inherited block to cure; (f) an altered state following an infected aetiology and (g) an illness predisposition induced by an infective aetiology. The intelligent newcomer to homoeopathy (who has the perseverence to read beyond the first chapter) might well be forced to question the very value of perpetuating the word 'miasm'. He certainly will not be enlightened as to what it actually is.

Our modern literature includes many writers who have attempted to verify a particular theory with a case series. Although it is impossible to 'prove' anything with a case series, they can nevertheless be helpful in illustrating the writers clinical approach. Some of Dr Rajendran's cases might be more interesting if they were sufficiently detailed to reveal why they are amenable to his miasmatic analysis and how the conclusions were drawn.

In spite of some well-written sections, it is difficult to recommend this book. I accept many of Dr Rajendran's clinical observations, but his interpretation is limited to a early 19th century model. If we truly want make progress in our understanding of the phenomena that we see within the panoply of chronic illness, we must escape from outdated and abstruse terminologies. The word 'miasm' might be usefully redefined as a term for the communal 'obscurantism' which still prevails in parts of our homoeopathic community. Merely by failing to address the multiplicity of meanings that this word has accrued, Dr Rajendran has failed in his

object of dispelling 'obscurantism', rather he has succeeded in making the mist a little bit more impenetrable.

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Biophysical Therapy of Allergies

Peter Schumacher
Thieme: Stuttgart, Germany, 2005 Price: not stated, ISBN: 3 13 1375116; 1 58890 2579

This little book introduces the principles and practice of bioresonance therapy in the treatment of allergic disease, focusing on paediatrics. Bioresonance therapy is defined as 'the use of 'ultra-weak electromagnetic fields' emitted by people to diagnose and treat illness'. The author is an experienced German paediatrician with an orthodox background who is familiar with current immunological concepts of allergy as well as those based on established research. It is suitable for, and apparently aimed at, open-minded sceptics as well as enthusiasts: the author openly and frequently admits the contentious, at times 'unbelievable', nature of the subject and its claims of success. The many unfamiliar concepts are simplified by the use of summary boxes and 'simple thought modalities' to enable grasping of fundamental theoretical constructs, such as the relationship between the informational and material levels. Particularly helpful are the 10 'basic principles'. Illustrative case histories complete with photographs of eczema cases help sustain interest and give authority.

Opening with a discussion (familiar to modern homeopaths) of information theory, including a frank admission of its inadequacy as an explanatory model, the historical background is then summarised, in both physics and medicine. This includes Hahnemann, electro-acupuncture methods, Vega testing, and the work of Morell, the 'father' of bioresonance therapy and the author's most direct influence. The basic principles of the therapy are then discussed, in essence the measuring of electromagnetic oscillations from a patient, their modification (by inversion, amplification filtering, etc) and their return to the patient via an electronic device attached by cables.

A summary of conventional allergy theory and practice is followed by a chapter on classification of allergies. This is where things get complicated. The most important are 'chronic ('central') allergies', usually to cow's milk, wheat, or other commonly ingested foods, said to cause eczema, asthma and colitis in those with an atopic disposition. These allergies display the phenomenon of masking and appear to be equivalent to the term 'intolerances' as used in the UK. The authors discuss wheat and milk eczema in detail, confidently distinguishing their 'unmistakably distinctive' clinical appearance—wheat (ocular, periorbital perioral and back of the hands; dry and lichenified, onset after 2 years of age) and cow's milk (facial in babies, flexural in older children, onset in the first few months, initially wet with secondary lichenification due to scratching).

The author, whilst laudably emphasising the need for clarity of definitions, left me in some confusion over his distinctions between the terms 'chronic allergies', 'pseudo-allergies', 'intolerances'. This is largely because he distinguishes them not on the basis of demonstrable immune system involvement (the currently accepted definition of 'allergy') but on the qualitative or quantitative nature of the reactions. Thus, his 'chronic allergies' (sensitisation to a staple food that is frequently ingested, or by a substance continuously present in the body [candida or mercury amalgam]), which display the phenomenon of masking, are not clearly delineated from 'intolerances' (the term in use in the UK) which are said to be 'intolerance to foods and/or chemical substances that have gradually developed over the course of a life', and referred to specifically in terms of enzyme deficiency. Other pathological factors are familiar from clinical ecology, including mercury amalgam, intestinal candidiasis, food additives, electromagnetic and environmental pollution, and novel ones such as allergy to

goose down in bedding. One assumes the latter is more common in Germany than in the UK where it is something of a luxury.

Moving on from diagnostics, the author describes different modes of treatment, based on neutralisation of the electromagnetic 'allergy imprint' by 'inverting' it before applying it to the patient. These include the various 'programs' of the author's preferred BICOM device, and other methods incorporating special electrodes or acupuncture techniques. The claims regarding both the basis of the therapy and its effectiveness are nothing short of extraordinary, a fact acknowledged by the author. For instance, patients are said not only to react to ingested food allergens but also to the presence of that food in the same building or to the presence of persons having ingested or had contact with that food. 'Allergen avoidance' during therapy therefore takes on a draconian meaning, including total avoidance of restaurants or grocery shops

It must be emphasised that the book functions as brief introduction, inevitably leaving many questions unanswered; as the author states, it 'does not aim to explain in detail all the possibilities and facets of bioresonance therapy'. The technical aspects are not covered, such as how the various devices register, modify and transmit the electromagnetic waves, how 'healthy' frequencies are distinguished from 'unhealthy' ones and how these are separated, how 'noise' is filtered out, and so on.

Sadly, the referencing leaves much to be desired, alphabetically ordered and not following any accepted system within the text. However, perhaps the biggest stumbling block to acceptance of this therapy is the evidence produced to substantiate such extraordinary claims. Devotees of 'evidence-based medicine' will be unimpressed by statements such as 'we do not state this as an allegation based upon hypotheses. Unequivocal evidence can be found in several hundred case studies of chronically ill patients'. The 'statistical' data briefly presented (in fact without any statistical analysis) is the author's case series, published in 1991, of unselected cases (mostly eczema and asthma) treated with bioresonance over a 6-month period. This indicated a high 'allergy elimination rate' according to a retrospective patient questionnaire. 'Allergy' elimination (largely involving foods, food additives or goose down, unrecognised as allergens by scientific medicine but avoided during therapy) was confirmed by allergy resonance testing (also unrecognised as a diagnostic method). The study methodology is unfortunately not discussed in detail but was obviously problematic and drew criticism from the scientific community. Perhaps this led to the author's overtly hostile attitude towards 'scientific medicine', which is unlikely to further his cause.

Current research methods may be inadequate to investigate such therapy. However, some indication that it is possible, or at least desirable, to research such complex phenomena with no currently understood mechanism to determine their clinical effectiveness (as is occurring with other complementary/alternative therapies such as homeopathy) would have been reassuring and welcome from a medical doctor. In fact, the author comes across as ambivalent towards any sort of controlled studies of the therapy, even to eliminate the possibility of natural history or dietary modification playing any part. For instance, one might begin with a recognised allergic disease such as hay fever, in which the author claims therapeutic success and which is relatively simple to evaluate. Clinical outcome measures would be acceptable and feasible, as would allergen provocation by conjunctival challenge. Prophylactic therapy might be compared with standard drug or desensitisation treatment. Should this prove encouraging, elements of blinding can also be envisaged, in which the machine is either connected to the patient or a hidden 'circuit-breaker' introduced. Ultimately, however, this introductory text leaves only a tantalising invitation to 'try it, it works, there is no other way to be convinced'.

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